

## U.S. CITIZEN REGISTRATION FORM

U.S. Embassy Riga, Latvia



Consular Section  
7 Raina Blvd.  
Riga, LV 1510

Tel: 371 – 703 6200  
Fax: 371 – 781 4088

LAST NAME \_\_\_\_\_  
ALIAS \_\_\_\_\_  
PLACE OF BIRTH \_\_\_\_\_  
ARRIVAL DATE \_\_\_\_\_  
PASSPORT NO. \_\_\_\_\_  
DATE OF ISSUANCE \_\_\_\_\_  
PLACE OF ISSUANCE \_\_\_\_\_  
DATE OF EXPIRATION \_\_\_\_\_

GIVEN NAME \_\_\_\_\_  
OCCUPATION \_\_\_\_\_  
DATE OF BIRTH \_\_\_\_\_  
PLANNED DEPARTURE DATE \_\_\_\_\_  
SOCIAL SECURITY NO. \_\_\_\_\_

LOCAL ADDRESS \_\_\_\_\_  
HOME \_\_\_\_\_

### LOCAL TELEPHONE NUMBERS

HOME \_\_\_\_\_  
BUSINESS \_\_\_\_\_  
LOCAL FAX NO. \_\_\_\_\_  
LOCAL EMAIL ADDRESS \_\_\_\_\_

BUSINESS \_\_\_\_\_

### EMERGENCY CONTACT IN THE U.S.

LAST NAME \_\_\_\_\_  
RELATIONSHIP \_\_\_\_\_  
ADDRESS \_\_\_\_\_

GIVEN NAME \_\_\_\_\_  
TELEPHONE NO. \_\_\_\_\_  
FAX NO. \_\_\_\_\_

### PLEASE CAREFULLY CONSIDER THE QUESTIONS BELOW BEFORE ANSWERING.

#### DO YOU WISH TO WAIVE YOUR RIGHT TO PRIVACY?

Note: The information you have provided is protected as confidential and cannot be released, even to relatives, without your consent. **Please note: Your name and phone number will be given to a warden in order that they must contact you in case of an emergency.**

\_\_\_\_\_ Yes, I consent to release this information to all people who inquire.

\_\_\_\_\_ No, I do not waive my right to privacy.

\_\_\_\_\_ I wish to release this information only to the following individuals: \_\_\_\_\_

### Would you be willing to assist the Embassy in contacting Americans in the event of an Emergency?

\_\_\_\_\_ Yes, I would like to be a warden and assist the Embassy in contacting Americans in the event of an Emergency.

\_\_\_\_\_ No, I do not wish to be a warden.

\_\_\_\_\_  
Please SIGN your name on the line above

\_\_\_\_\_  
Date

For office use only below

Date entered:

Date updated: